



# *Policy Analysis of State Legislation and Response to the Opioid Crisis*

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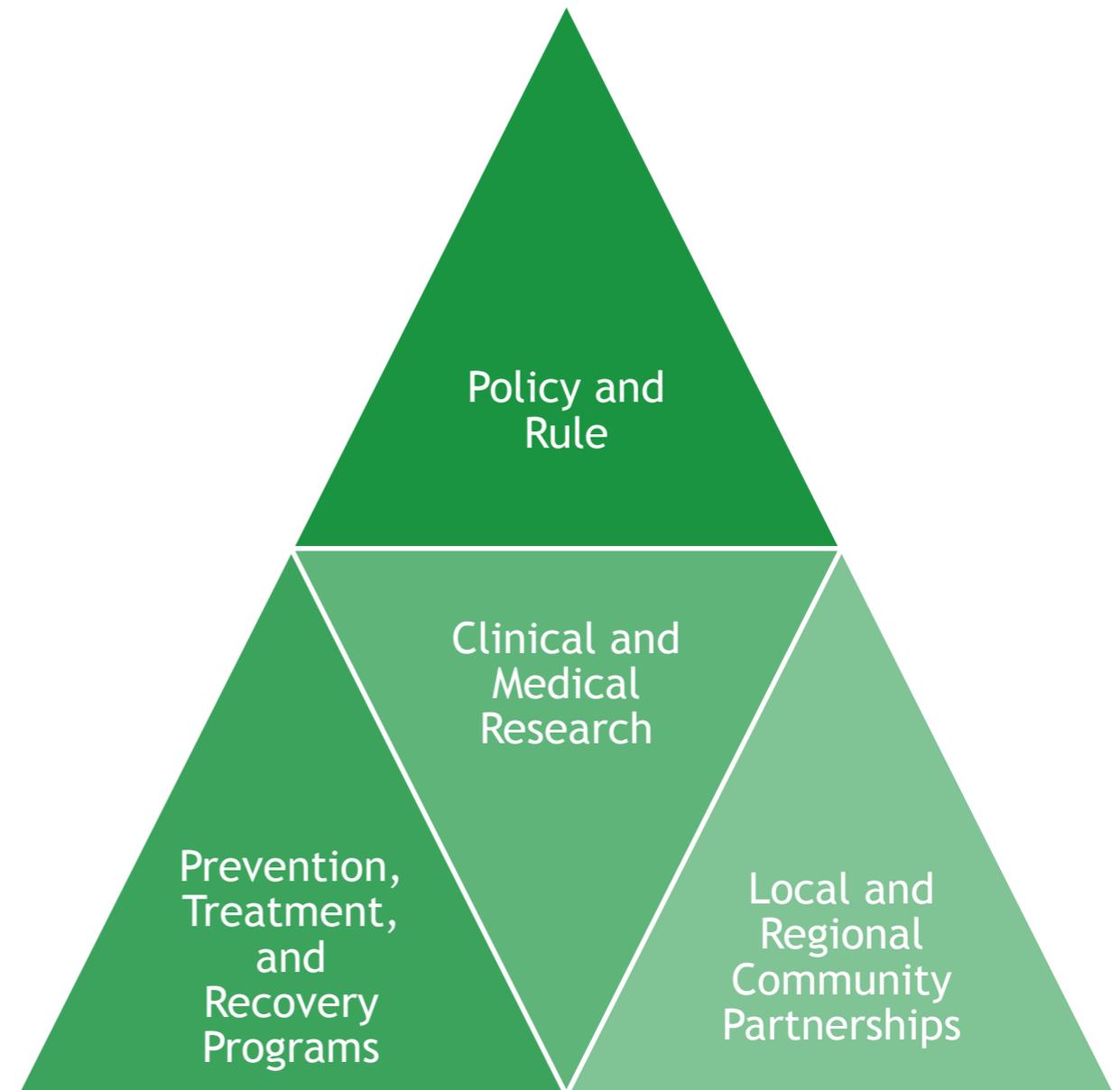
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**COLORADO**  
Office of Behavioral Health  
Department of Human Services

# Scope of Policy Analysis

- Proposed and passed state legislation in the U.S.
- Legislation implemented by state health authorities or affecting health policy
- Does not include legislation on criminal justice reform or illegal drug supply
- Describes the policy, lists states involved and success stories, and Colorado progress



Multiple levers to address the problem

# Types of Legislation

## Prevention Laws

Laws to prevent initial use and misuse of prescription and other drugs

Prescribing limits

State drug prescription identification laws

Safe medication take-backs and disposal

Prescription Drug Monitoring Programs (PDMP)

## Treatment Laws

Breaking down barriers for access to and provision of effective treatment

Provider training and workforce development

Removing limitations on treatment benefits or expanding coverage

## Harm Reduction Laws

Public health laws for individuals who are not in treatment or recovery

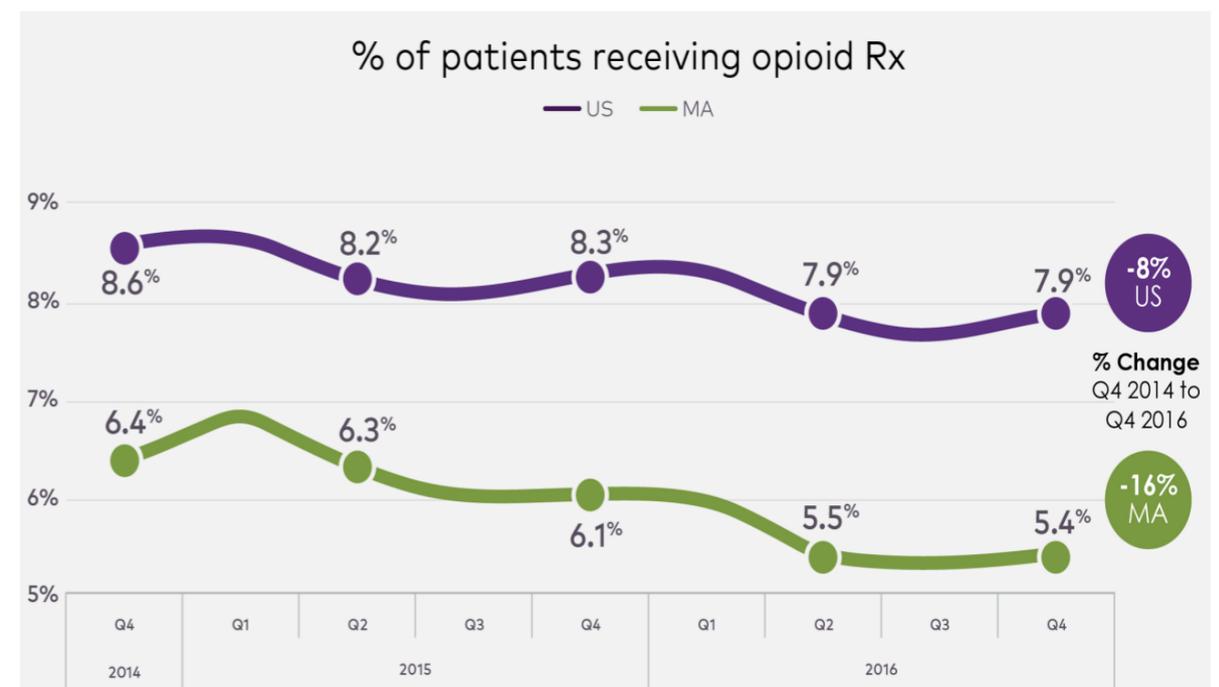
Overdose reversal drugs

Good Samaritan laws

Injection drug use and reducing negative outcomes

# Prevention, Prescribing Limits

- Limit the volume, dosage, and per capita prescribing and dispensing for controlled substances
- 22 states have legislation or executive orders
  - Massachusetts prescribing limits put into place in March 2014 led to the lowest prescribing levels in two years
- Colorado does not have any state-wide prescribing limits
- HCPF has recently created limits on MME, number of days, and number of pills
  - Moving gradually toward limits
  - Sudden changes to limits could lead to individuals seeking higher doses from other sources, such as heroin



# *Prevention, Identification Laws*

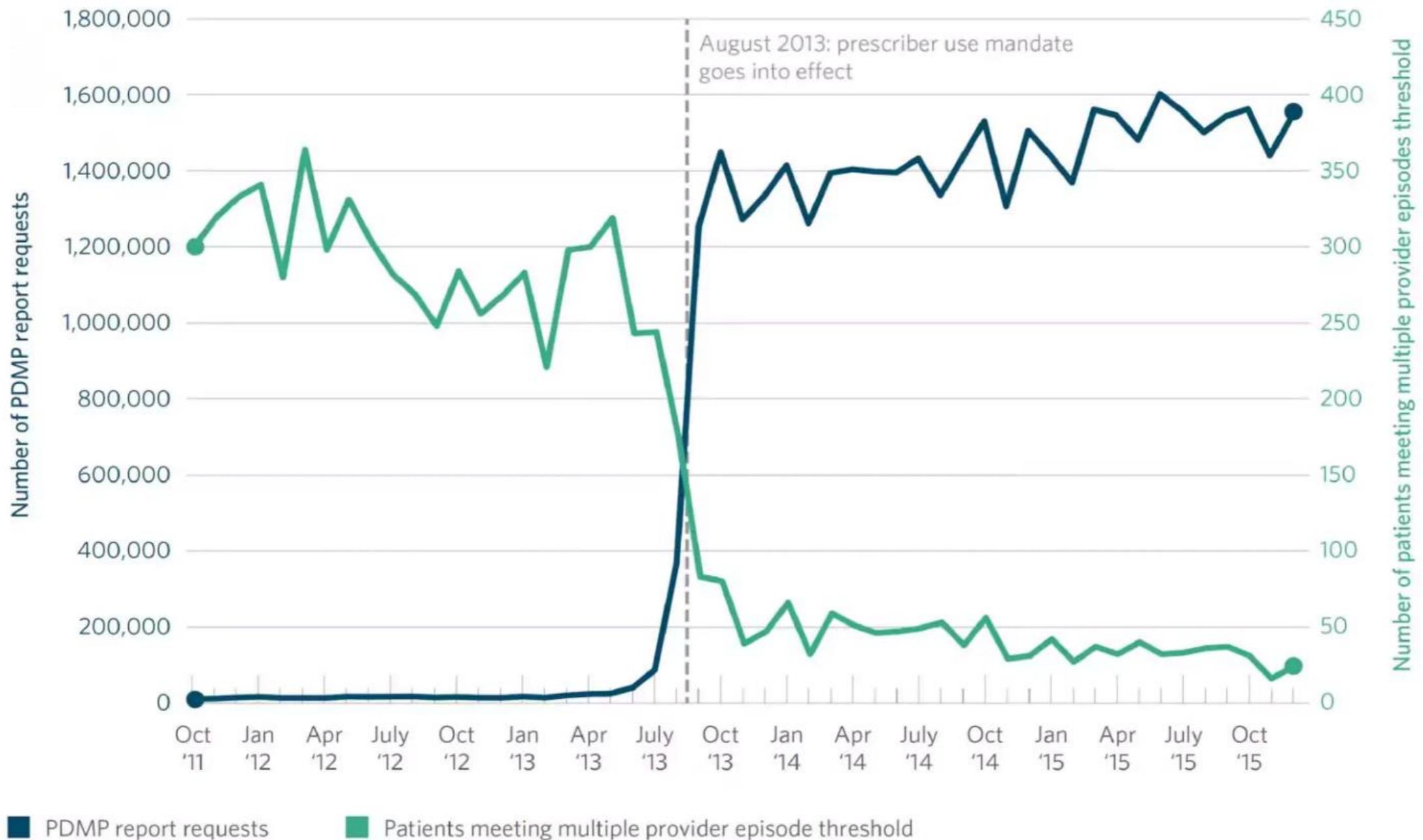
- 36 states have identification laws that mandate or allow pharmacists to request or require identification in order to fill a prescription for a controlled substance.
- **Minnesota and Nevada** require identification for anyone purchasing controlled substances that are not covered by their plan.
- **Florida** requires identification if the pharmacist suspects non-medical use.
- **North Carolina and Oregon** allow a prescriber to ask for a form of identification as a pre-condition of filling a prescription or to refuse a prescription to a person without a valid ID.

# *Prevention, PDMP*

- All 50 states have legislation or an executive order for a PDMP.
- 64% of states utilize unsolicited reports/scorecards.
- CDC Recommendations:
  - Require providers to check a state PDMP before prescribing;
  - Submit data in real time;
  - Use the data to understand the crisis;
  - Make the program easy to use and include integration into electronic health record systems.
- Colorado PDMP:
  - Required for anyone registered with DEA, but not mandatory
  - Captures data on the date, name of patient and prescriber, name and amount of substance, method of payment, and name of dispensing pharmacy
  - Access: Pharmacists, Providers (including vets) and up to three delegates, CDPHE for research. HCPF does not have access.

# Provider Mandate Effectiveness

Multiple Provider Episodes and PDMP Requests in New York, October 2011 to October 2015



# Prevention, Safe Disposal

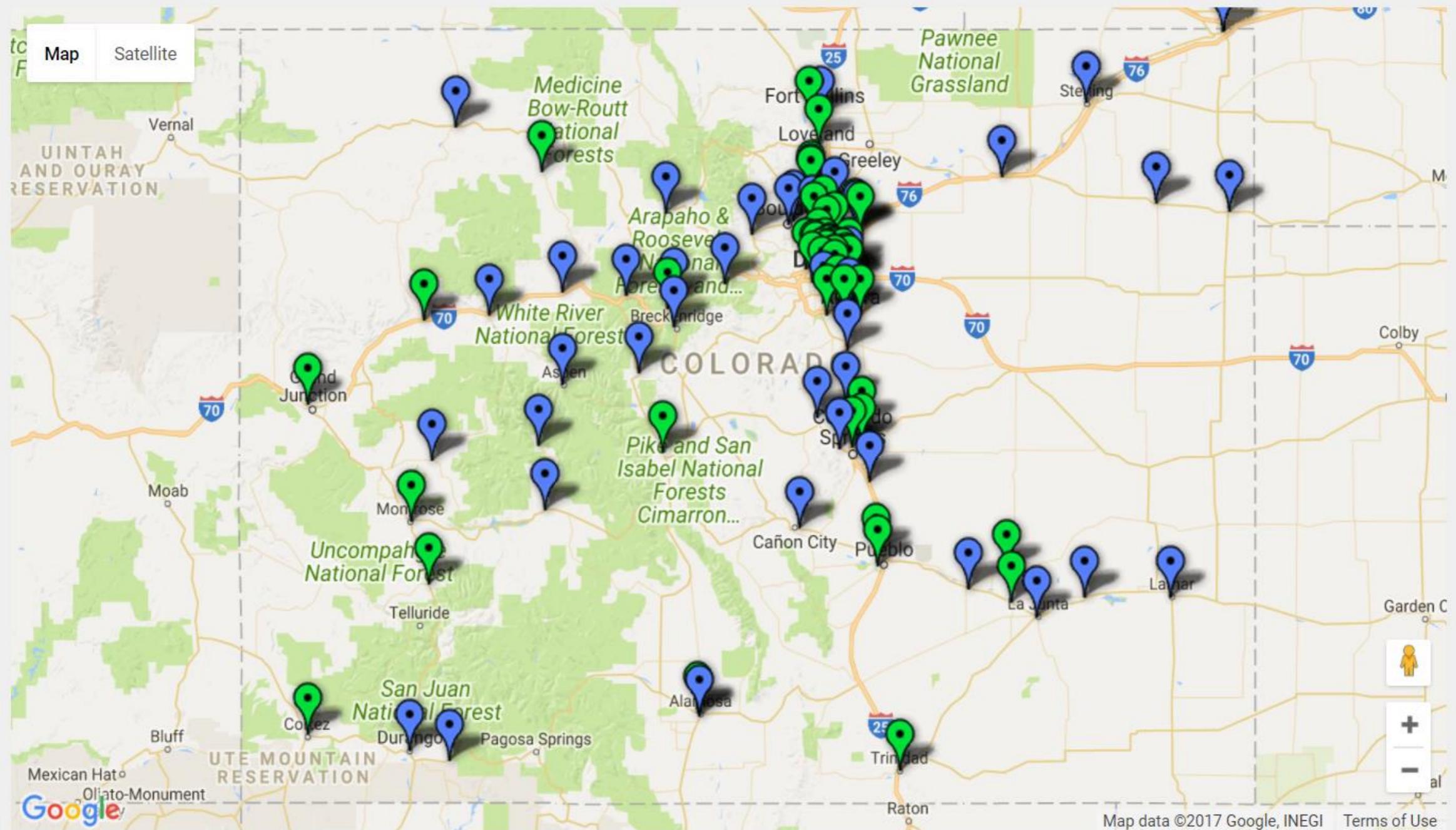
- Safe disposal of medication can prevent misuse by individuals or others. Disposal, through a drop-box or a take-back event, is regulated by federal agencies including the DEA.
- State laws have funded community partnership and promotion of take-back days and drop-box sites.
  - In 2009, Arkansas collected 146 lbs of prescription meds on their first take-back day. After state and county partnerships and promotion efforts grew, in 2016 they collected 25,289 lbs.
  - Indiana Bitter Pill is a comprehensive campaign, including information on safe disposal, prevention, state policy, and how to get treatment.



# CDPHE and The Consortium, Take Meds Back

## Medication Take Back locations map

[Back to Medication Take-Back program](#)



# *Treatment, Provider Training and Workforce Development*

- Training requirements and prescribing guidelines for providers that want to prescribe buprenorphine are set by federal law.
- 18 states have laws that require provider training on opioid prescribing, misuse, and/or addiction.
  - In **Kentucky**, the Board of Pharmacy requires providers to consult with addiction specialists to exceed limits on volume, time periods, and dosage of buprenorphine.
  - **North Carolina** requires physicians trained and certified to prescribe buprenorphine to register with the state and create written care plans that include referrals to substance use treatment.
- Expansions in buprenorphine trained providers in Colorado have been supported through federal grants and programs, not legislation.

# *Treatment, Benefits and Coverage*

Laws are related primarily to expanding essential health benefits offered through insurance (public and private), regulations for substance use providers, and creative partnerships with agencies such as fire and rescue.

- **New York** requires insurers to provide 14 days of inpatient SUD treatment before requiring authorization.
- **Manchester, NH**, created “Safe Stations”, where individuals in need of treatment can go to any fire station to seek treatment. Treatment and recovery volunteers and clinicians respond within 14 minutes.
- **Indiana** passed HB 1541, which regulates the definition of “medication assisted treatment” and sets requirements for:
  - What providers must be included on an MAT team (Master’s level counselors, psychologists, CACs, recovery coaches)
  - Services must be included in MAT (counseling, detox, and MAT)
  - Allows MAT teams to provide mobile services
  - Requires reimbursement for these services through public insurance.

# *Dissemination and Implementation of CDC's Guideline for Prescribing for Chronic Pain Opioids for Chronic Pain*

## **Insurer Interventions**



Coverage for non-pharmacologic therapies

Improve ease of prescribing non-opioid pain medications

Reimbursement for patient counseling, care coordination, & checking PDMP

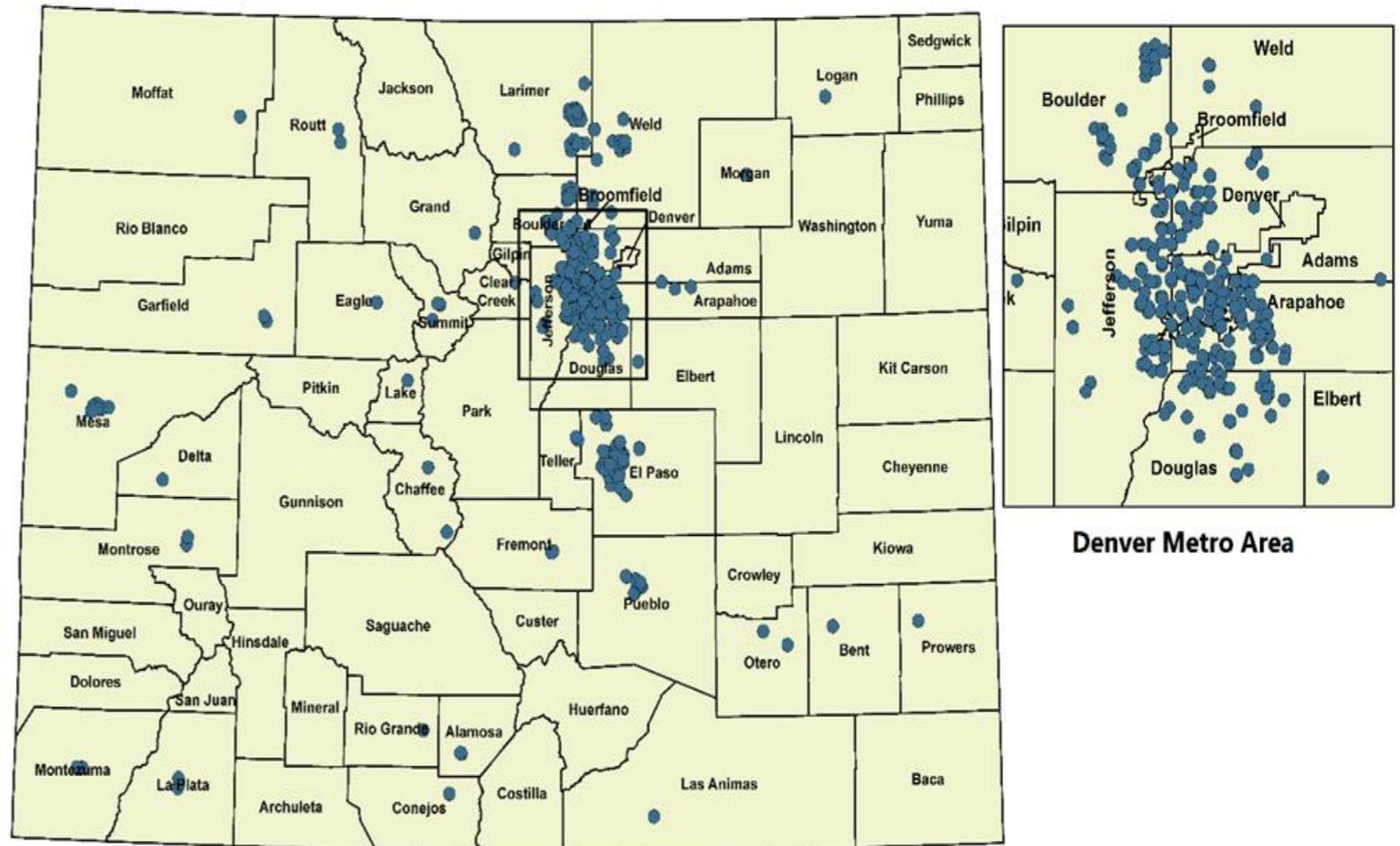
Promote more judicious use of high dosages of opioids outside of palliative care, active cancer or end-of-life care, using mechanisms such as drug utilization review

Remove barriers to evidence-based treatment of opioid use disorder, such as eliminate lifetime limits on buprenorphine

# Harm Reduction, Overdose Reversal Drugs

- All 50 states have laws that promote the use of and access to life-saving overdose-reversal drugs, which have led to a significant reduction in death by overdose.

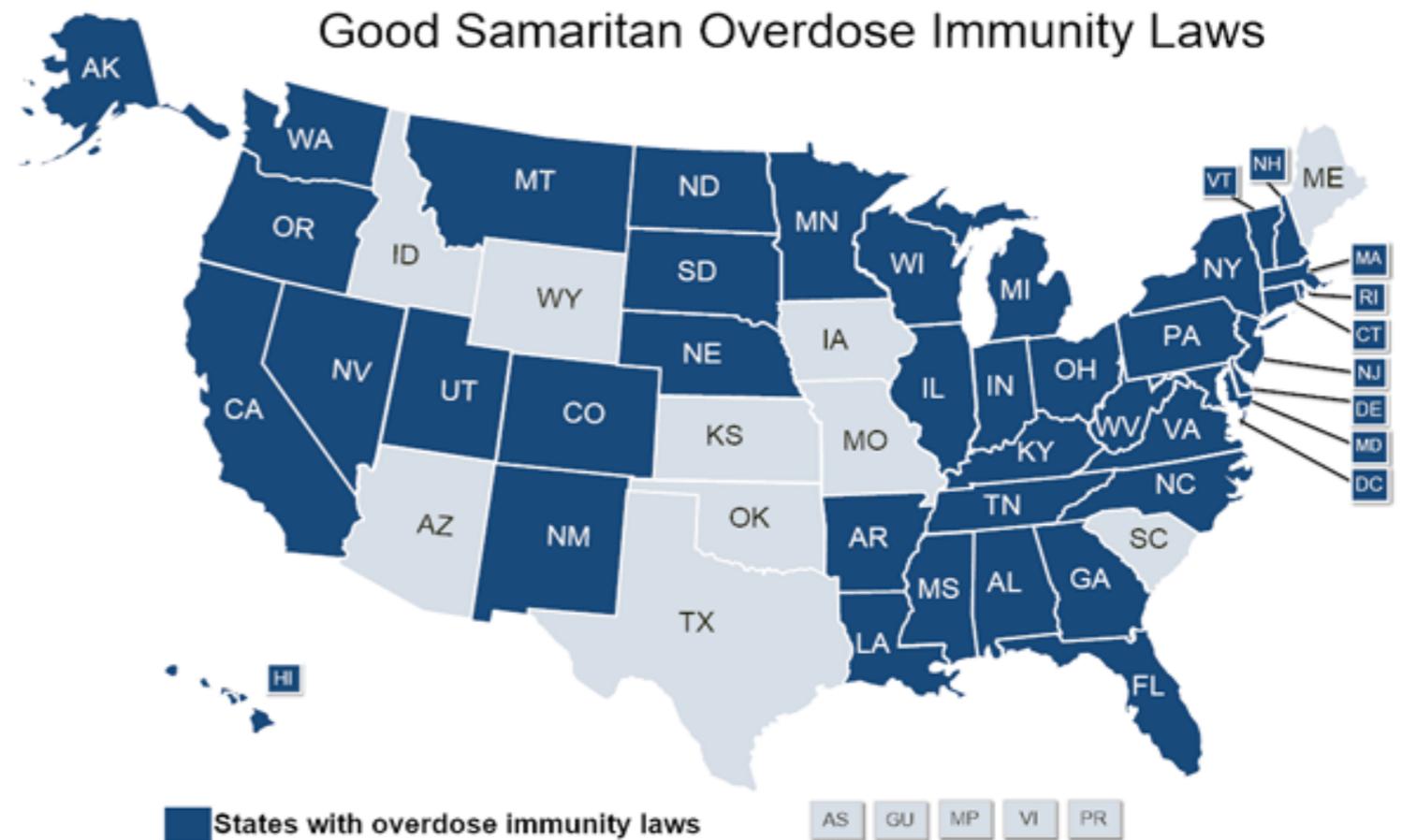
*Pharmacies that have standing orders to prescribe Naloxone;  
Colorado and Denver Metro*



- Colorado allows third-party prescribing of naloxone, passed legislation for CDPHE to keep a standing order for the drug, and funds training and access for law enforcement. Naloxone is reimbursed WITHOUT a prescription for Medicaid beneficiaries.

# Harm Reduction, Good Samaritan Laws

40 states have laws that address circumstances in which an individual might delay or refuse to call for help or administer naloxone in a life-threatening emergency due to fear of arrest and prosecution.



In Colorado, Senate Bill 12-20 provides legal protection from drug charges for those who call 911 for help or those suffering an opioid overdose. The Third Party Naloxone law (C.R.S. §18-1-712) protects a person other than a health care provider who acts in good faith to administer an overdose reversal drug to another person suffering an opiate-related drug overdose from prosecution.

# *Harm Reduction, Injection Drug Use*

- Many states have created legal protections for harm reduction services that improve health outcomes for injection drug users, reduce the incidence of HIV/AIDS and Hepatitis C, and improve public safety. These include needle exchange programs and safe injection facilities (SIFs).
- **Needle Exchange:** 20 states including Colorado have explicitly legalized needle exchange.
  - Colorado Syringe Exchange Programs C.R. S. §25-1-520 and §18-18-430.5 exempts approved facilities and participants, volunteers and staff in approved facilities from paraphernalia laws.
- **SIFs:** NY, MD, MA, and CA have introduced legislation on safe injection facilities, which require legal protection/exemption from laws related to public consumption, aiding and abetting, and civil forfeiture. Seattle's city officials have passed a city ordinance creating the first two SIFs in the US.

# Questions?

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